

# UPCOMING CHANGES TO THE HEALTH INSURANCE MARKETPLACE

Understanding the effect of HR-1 on  
Affordable Care Act (ACA) Provisions

Presented by



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# WHAT IS MARKETPLACE COVERAGE?

- “Marketplace coverage” refers to health insurance plans obtained through the Health Insurance Marketplace, established by the Affordable Care Act (ACA). The Marketplace is accessed via HealthCare.gov, where individuals, businesses, and families who are not enrolled in employer-based health insurance plans or Medicare/Medicaid can:
  - Shop for and compare various private health insurance plans.
  - Apply for and enroll in coverage.
  - Determine eligibility for Advance Premium Tax Credits (APTCs) and cost sharing reductions (CSRs) based on income and household size.
- Marketplace coverage is available to U.S. citizens and qualified residents who are not incarcerated or enrolled in Medicare. Medicaid enrollees are not eligible for APTCs or CSRs.

# WHAT IS HAPPENING?

- Enhanced Premium Tax Credits are expiring on January 1, 2026, barring congressional intervention.
- Automatic re-enrollment is ending for zero-cost and some other Marketplace plans.
- Income & immigration verification rules are being tightened, more documents are required.
- DACA recipients are excluded from Marketplace coverage, some limitations on essential health benefits such as those for gender-affirming care.

# HOW IS ENROLLMENT CHANGING?

- Enrollment period for 2026 coverage: November 1, 2025 – January 15, 2026
  - Deadline for coverage starting January 1, 2026 is December 15, 2025.
  - Future years may have a shorter enrollment window.
  - Automatic re-enrollment is ending for zero-cost and some other Marketplace plans. Enrollees now may need to reconfirm eligibility through their Marketplace account.
- Year-round Special Enrollment Period (SEP) for low-income individuals is ending, must now have qualifying life event (loss of coverage, child, moving, etc.)
- Stricter pre-enrollment verification for SEPs, must submit documentation.
- Starting in 2026, individuals who don't file taxes and reconcile APTCs for one year (instead of two) can lose eligibility.

# WHAT ARE ENHANCED PREMIUM TAX CREDITS?

- Signed into law in 2020 as part of ARPA (and extended through 2025 with the 2022 IRA), Enhanced Premium Tax Credits offer larger subsidies compared to original ACA amounts and expand eligibility to individuals making above 400% above the Federal Poverty Line (FPL).
- Eligible enrollees must contribute a certain % of their income (depending on income and household size) toward their plan's premium, while the rest is covered.
- These credits help health insurance coverage cost much less, especially for middle-income individuals earning above 400% of the FPL.
- People who benefit from Enhanced Premium Tax Credits include self-employed individuals, gig/seasonal workers, business owners, early retirees, or others who can't access employer-based plans.

# JUNEAU STATS

- Average Marketplace monthly premium in Juneau (before APTCs are applied): \$1,008
- Average premium among APTC recipients: \$124
  
- 1,389 Marketplace Enrollees
  - 150-200% FPL: 194 Enrollees
  - 200-250% FPL: 193 Enrollees
  - 250-300% FPL: 252 Enrollees
  - 300-400% FPL: 275 Enrollees
  - >400% FPL: 291 Enrollees

# 2025 ALASKA FEDERAL POVERTY LEVELS

Household Size	100% FPL	133% FPL	150% FPL	200% FPL	250% FPL	300% FPL	400% FPL
1	\$19,550	\$26,002	\$29,325	\$39,100	\$48,875	\$58,650	\$78,200
2	\$26,430	\$35,152	\$39,645	\$52,860	\$66,075	\$79,720	\$105,720
3	\$33,310	\$44,302	\$49,965	\$66,620	\$83,275	\$99,930	\$133,240
4	\$40,190	\$53,453	\$60,285	\$80,380	\$100,475	\$120,570	\$160,760
5	\$47,070	\$62,603	\$70,605	\$94,140	\$117,675	\$141,210	\$188,280
6	\$53,950	\$71,754	\$80,925	\$107,900	\$134,875	\$161,850	\$215,800

# CHANGE IN CONTRIBUTION %

FPL	Enhanced Max SLS Premium % of Income	Regular Max SLS Premium % of Income	2025 to 2026 Change in % Contribution	Enhanced Max SLS Premium Amount	Regular Max SLS Premium % of Income	\$ Change in Monthly Premium	% Change in Monthly Premium
100%	0%	1.92%	1.92%	\$1	\$24	\$23	2310%
133%	0%	2.88%	2.88%	\$1	\$48	\$47	4707%
150%	0%	3.84%	3.84%	\$1	\$72	\$71	7129%
200%	2%	6.05%	4.05%	\$50	\$152	\$102	204%
250%	4%	7.73%	3.73%	\$126	\$243	\$117	93%
300%	6%	9.12%	3.12%	\$226	\$343	\$117	52%
400%	8.50%	9.12%	0.62%	\$427	\$458	\$31	7%
500%	8.50%	Full Price	Full Price	\$533	Full Price	-	-

# EXAMPLES

Household Type / Income Level	2025 Premium (Enhanced Subsidy)	2026 Projected Premium (No Enhanced Subsidy)
Single (Age 45), 150% FPL (~\$29k)	~\$0/mo Silver Plan	~\$25/mo
Single (Age 45), 300% FPL (~\$54k)	~\$224/mo	~\$356/mo
Family of Four, 200% FPL (~\$80k)	~\$125/mo	~\$230/mo
Family of Four, 350% FPL (~\$141k)	~\$675/mo	~\$976/mo
Family of Four, 500% FPL (~\$201k)	~\$885/mo	~\$2,900/mo

# WHAT SHOULD I DO?

- Plan for manual re-enrollment by Dec. 15 to ensure coverage by January 1, or January 15 to ensure coverage starting February 1.
- Gather documentation & paperwork: pay stubs, 1099s, tax returns, etc. Respond to notices quickly.
- Double-check plan benefits: the definition of “Essential Health Benefits” has narrowed.
- Check Summary of Benefits & Coverage to ensure your needs are still being met.
- Budget ahead for potential price increases.

# ECONOMIC EFFECTS OF CUTS TO HEALTHCARE.GOV

- Impact on premium costs
  - Higher costs of coverage -> Less Enrollment -> Higher Premiums
  - AK largely spared, but national insurance premiums are up 18%
- Impact on local hospitals & health care providers
  - Uninsured people more likely to seek ER care -> Longer ER waits & loss of revenue
  - Uninsured people less likely to seek primary care -> Loss of revenue for providers
- Impact on workforce
  - Uninsured people less likely to seek primary care -> Unhealthier population -> More acute sickness & disease symptoms -> Less ability to work for many people
- Impact on entrepreneurship
  - Loss of coverage for self employed people & high costs of healthcare -> Deters entrepreneurs from starting businesses

# EFFECTS CONTINUED

- Impact on overall economy, ripple effect
  - People needing to spend a higher share of income on health insurance -> Less disposable income to spend on goods & services
- Impact on social services
  - Increase in eligibility verification & documentation requirements -> greater need for assistance to vulnerable populations -> Greater burden on local social services
- Impact on community & public health
  - Lower insured population -> less healthy population
  - Delayed/ignored health concerns, increase in negative health consequences, untreated communicable diseases, especially among vulnerable populations